

County of Los Angeles COMMUNITY AND SENIOR SERVICES

3175 West Sixth Street • Los Angeles, CA 90020 Tel: 213-738-2600 • Fax 213-487-0379

Enriching Lives Through Effective And Caring Service



css.lacounty.gov

Cynthia D. Banks Director

Otto Solórzano Chief Deputy

Gloria Molina Mark Ridley-Thomas Zev Yaroslavsky Don Knabe Michael D. Antonovich

April 12, 2011

The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, California 90012

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS COUNTY OF LOS ANGELES

16 April 12, 2011

SACHI A. HAMAI EXECUTIVE OFFICER

LOS ANGELES COUNTY AREA AGENCY ON AGING FISCAL YEAR 2011-12 AREA PLAN UPDATE (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Older Americans Act (OAA) of 1965 mandates all Area Agencies on Aging (AAA) to have an Area Plan that identifies goals and related objectives of each AAA's unique needs. The Los Angeles County Area Agency on Aging Fiscal Year 2011-12 Area Plan Update is a document that not only fulfills the mandates set forth in law, but also informs the public and policy-makers, locally and statewide, how the AAA plans to address local needs and accomplish State goals and objectives. The yearly Area Plan Update process enables the AAA to re-examine its direction and progress as a result of changing circumstances and to add, change, or delete objectives, as appropriate.

IT IS RECOMMENDED THAT YOUR BOARD:

- 1. Approve the Fiscal Year (FY) 2011-12 Planning and Service Area Plan Update (Attachment I).
- 2. Authorize the Director of Community and Senior Services (CSS), or designee, to sign the Letter of Transmittal on behalf of the Mayor of the Board and submit the plan to the California Department of Aging (CDA).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The recommended actions are necessary to allow CSS to submit the FY 2011-12 Area Plan Update to the CDA for approval. CDA approval of the Area Plan Update is a required condition of the State's

The Honorable Board of Supervisors 4/12/2011 Page 2

agreement with the AAA.

<u>Implementation of Strategic Plan Goals</u>

The activities identified in the Area Plan Update support the Countywide Strategic Plan Goals: Goal #1 Operational Effectiveness, Goal #2 Children, Family and Adult Well-Being, and Goal #4 Health and Mental Health.

Performance Measures

All agencies contracting with CSS are required to develop benchmark criteria for each of their performance standards. CSS will assess the agencies' performance during each monitoring visit.

FISCAL IMPACT/FINANCING

The activities described in the update are financed by the federal Older Americans Act (OAA), State, and local funds.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The update reflects a coordinated services system under the jurisdiction of CSS for functionally impaired and older adults and describes needs and agency goals and objectives. The update provides a status report of progress made by the AAA in meeting the specified goals and objectives. The Los Angeles County Commission for Older Adults and the public had the opportunity to participate in the planning process, review and comment on the goals and objective of the plan. County Counsel has reviewed and approved the form of the Area Plan Update (Attachment I).

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the FY 2011-12 Area Plan Update will enable the AAA to continue with its home- and community-based long-term care initiatives and programs. These programs provide opportunities for functionally impaired and older adults to live out their lives with maximum independence and dignity in their own homes and communities.

The Honorable Board of Supervisors 4/12/2011 Page 3

Cynthia D. Banks

Respectfully submitted,

CYNTHIA D. BANKS

Director

CDB:OS:LCS:BSP:aa

Enclosures

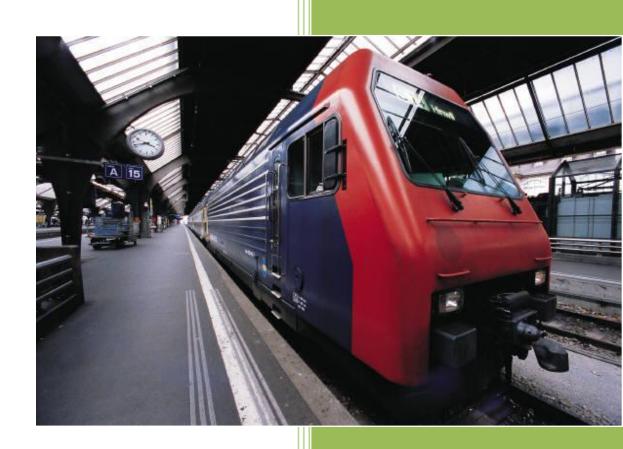
c: Chief Executive Office

County Counsel

Executive Officer, Board of Supervisors

LOS ANGELES COUNTY AREA AGENCY ON AGING (PSA 19)

2011-2012 AREA PLAN UPDATE



MOVING FORWARD TO SAVE LIVES

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- 2. Area Plan Checklist
- 3. Narrative Description of Relevant Changes
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- 5. Public Hearings
- 6. Service Unit Plan
- 7. Advisory Council

TRANSMITTAL LETTER Area Plan Update 2011-2012

AAA Name: Los Angeles County Area Agency on Aging PSA Number 19

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

 Signature: 		
Ü	Supervisor Michael D. Antonovich Governing Board Mayor	Date
2. Signature:		
	Bernard Weintraub, President Los Angeles County Commission for Older Adults	Date
3. Signature:		
	Cynthia D. Banks, Director Community & Senior Services, Area Agency on Aging	Date

AREA PLAN CHECKLIST

2011-2012 AREA PLAN UPDATE (APU) CHECKLIST

Section	Three-Year Area Plan Update Components	Annual Update
	REQUIRED	Opuate
	Original APU	
	Transmittal Letter with authorized signatures or official stamp	
	All APU documents are on single-sided paper, if submitted hard copy	
5	Organization Chart	
9	Public Hearings	
	REQUIRED only if changed or not previously included in the Area Plan	
2	Description of the Planning and Service Area (PSA)	
3	Description of the Area Agency on Aging (AAA)	
6	Planning Process	
7	Needs Assessment Must be conducted at least once during the Area Plan cycle	
10	Identification of Priorities	
11	Goals and Objectives: (May be updated at any time and need not conform to a twelve month time frame)	
	 Title III B Funded Program Development (PD) Objectives 	\boxtimes
	 Title III B Funded Coordination (C) Objectives 	
	System-Building and Administrative Goals & Objectives	
	Title III B/VIIA Long-Term Care Ombudsman Objectives	
	Title VII B Elder Abuse Prevention Objectives	
12	* Service Unit Plan (SUP) Objectives	
13	Focal Points	
14	Priority Services	
15	Notice of Intent to Provide Direct Services	
16	Request for Approval to Provide Direct Services	
17	Governing Board	
18	Advisory Council	
19	Legal Assistance	
21	Title III E Family Caregiver Support Program	

[^] Required if PD and/or C are funded with Title III B

^{*} AAAs will not submit SUP Objectives for the 2011-12 APU for Community Based Service Programs: Alzheimer's Day Care Resource Centers, Linkages, Senior Companion, Brown Bag, and Respite Purchase of Service

Narration of Significant Changes

The purpose of the 2011–2012 Area Plan Update is to provide a report of changes that that has surfaced since the three year 2009 – 2012 County of Los Angeles Area Agency on Aging Area Plan was developed originally. There are no significant changes in the goals and objectives portion of the document and in the Service Unit Plan (SUP).

Objectives that contain the wording referring to AAA Advisory Council and Los Angeles County Commission on Aging will now refer to the new advisory body, currently called the Los Angeles County Commission for Older Adults (LACCOA). The new LACCOA was formed effective July 1, 2010 after the merger of the two advisory bodies. The objectives affected include the following:

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Information and Assistance (I&A)

Objective 1.2 – a and d

Page 13

Family Caregiver Services

Objective 2.1 - a

Page 20

Nutrition

Objective 2.6 – a

The new Commission provides a stronger, more cohesive voice to address the concerns of older adults and advocate on their behalf. Also, the Commission has several committees that are focused on increasing awareness of AAA services for the disabled and older adults.

GOALS AND OBJECTIVES

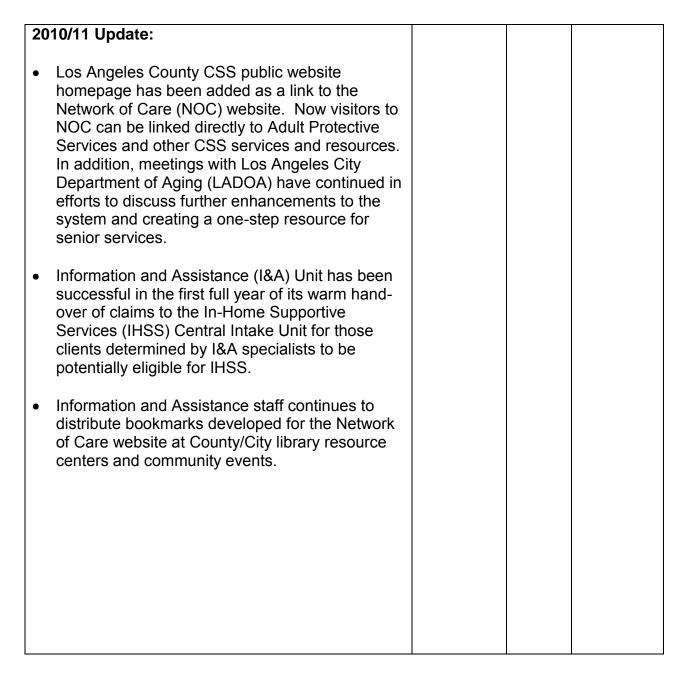
GOALS AND OBJECTIVES

GOAL #1: Collaborate with the Los Angeles City Department of Aging and County departments to provide a seamless delivery of services and increase awareness of services available to seniors and adults with disabilities.

Rationale: In order to meet the needs of the increasing aging population and effectively improve our systems of care, the Area Agency on Aging and it partners need to work toward an integrated system of care to create a "no wrong door" policy.

Collaboration with other public entities will increase awareness of resources available to improve the quality of life for seniors and disabled adults and help them to maintain their independence, and avoid institutionalization.

independence, and avoid institutionalization.	Start/End		
Objectives	Dates	Type*	Status
1.1 Aging and Disabilities Resource Center			
 a) Expand current Information and Assistance services by providing a single point of contact to services available to seniors and their caregivers using the Aging and Disabilities Resource Center (ADRC) Model. 	07/01/09 to 06/30/10	PD	Partially Completed
b) Collaborate with the Department of Public Social Services' In-Home Supportive Services and Medi-Cal Program Sections, Public Libraries, Social Security Administration and Los Angeles City Department of Aging to evaluate and determine options on how to effectively offer a single point of contact system.	07/01/09 to 06/30/12	С	Continued
 c) Coordinate the distribution of printed material to various local facilities and advocate for use of public computers at libraries for senior to access City and County co-branded ADRC website. 	07/01/09 to 06/30/12	A	Continued
Accountable Party/Lead: Roseann Donnelly/David Kochen			



^{*}Legend for Type: A= Administrative C= Coordination PD= Program Development IIIE= Family Caregiver Program IIIB=Supportive Services Program IIID=Disease Prevention/Health Promotion Linkages = Care Management Title V=Senior Employment Program

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Collaboration with other public entities will increase awareness of resources available to improve the quality of life for seniors and disabled adults.

	Start/End	T	01.1
Objectives	Dates	Туре	Status
1.2 Information and Assistance (I&A)			
a) Increase awareness of the multiple services available to older and disabled adults by outreaching to this population and their caregivers through collaboration with the AAA Advisory Council, particularly the Speakers' Bureau and participating in public events, such as community fairs, educational forums, etc.	07/01/09 To 06/30/12	A	Continued
 b) Collaborate with City and County libraries to make available public computers to older and disabled adults in order for them to access the Los Angeles Network of Care website for information on available services. c) Outreach to the Lesbian, Gay, Bisexual and Transgender (LGBT) community by 	07/01/09 To 06/30/12	С	Continued
providing information on services available and making presentations in Senior Centers on LGBT issues. d) Coordinate with the AAA Advisory Council and the Los Angeles County Commission on Aging to improve awareness, utilization and	07/01/09 To 06/30/12	А	Continued
delivery of services to seniors, disabled adults and their caregivers.	07/01/09 To 06/30/12	А	Continued
Accountable Party/Lead: Roseann Donnelly/David Kochen/Brenda Sapp-Pradia			

2010/11 Update:

- I & A continues to increase awareness of the multiple services available to older and disabled adults through its Countywide outreach events and activities. I & A conducted an average of 15 outreach events per month throughout Los Angeles County in 2010. The monthly events are now posted on MyCSS as well as the department's public website.
- Presentations continue to be made at general staff meetings on the Network of Care website for libraries. Bookmarks are being distributed on an ongoing basis at County/City library resource centers.
- I & A is one of two APS units to be included in the installation and implementation of ISD's new Call Center, which serves to distribute, manage, monitor, and track calls to I & A from the public. Installation and completion scheduled for completion by March 2011.

As part of their ongoing responsibilities, I & A staff makes presentations and distributes handouts at events targeting seniors, disabled adults and caregivers at multiple venues including LGBT communities.

GOAL #1: Collaborate with the Los Angeles City Department of Aging and County departments to provide a seamless delivery of services and increase awareness of services available to seniors and adults with disabilities.

Rationale: In order to meet the needs of the increasing aging population and effectively improve our systems of care, the Area Agency on Aging and it partners need to work toward an integrated system of care.

Collaboration with other public entities will increase awareness of resources available to improve the quality of life for seniors and disabled adults.

	re the quality of the for semicre and disabled ad	Start/End		
Objec	tives	Dates	Туре	Status
	eamless Senior Services (S3)		71	
a)	Collaborate with interdepartmental S3 partners from the multiple county agencies to establish a "no wrong door" model of integrated services through coordination with county departments and agencies in order to make it easier for older and disabled adults to access services.	07/01/09 to 06/30/10	С	Continued
b)	Continue to identify and analyze the multiple interdepartmental programs in the County that provide senior services that can be integrated in a short timeframe and services that can be integrated as a long range goal.	07/01/09 to 06/30/12	А	Continued
c)	Work with the Chief Executive Office's Legislative Analyst to explore the possibility of a new legislative proposal to include the Elder Economic Security Standard Index as a more accurate way than the Federal Poverty Level to reflect costs faced by older adults in Los Angeles County.	07/01/09 to 06/30/12	A	Continued
Accou	ntable party/Lead: Alex McSweyn			

2010/11 Update: • CSS in conjunction with the S3 Task Force has facilitated the completion and agreement of S3 goals, timelines with all participating S3 County Departments. • CSS maintained its role as the lead department and continued to work with County Departments to identify measureable objectives to address the S3 goals. • On the Elder Economic Security Standard Index, CSS continued to collaborate with the UCLA School of Public Health to reflect current demographics and economic conditions of seniors in Los Angeles County.

Rationale: The need for home and community based services and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

,	Start/End		
Objectives	Dates	Туре	Status
2.1 Family Caregiver Services			
a) Collaborate with Family Caregiver providers			
to increase the number of caregivers			
serviced through the program in order for the	07/01/09	IIIE	Continued
care receiver to remain in their homes.	to		
h) Mark with the Lag Arguelas Ogwati.	06/30/12		
b) Work with the Los Angeles County			
Commission on Aging, Advisory Council and other county departments to increase the	07/01/09	IIIE	Continued
knowledge of caregivers regarding the	to	IIIC	Continued
services and resources available to them by	06/30/12		
using various media and outreach	00/00/12		
campaigns and information provided by I&A			
staff when calls are received.			
c)Facilitate caregiver provider meetings,	07/01/09	Α	Continued
quarterly, for the purpose of training,	to		
networking and enhancing the delivery of	06/30/12		
services.			
	07/04/00		
d) Collaborate with the Department of Children	07/01/09	IIIE	Complete
and Family Services to provide printed material and information about resources	to 06/30/12	& C	
and services available to grandparents and	06/30/12		
other senior caregivers of relative children.			
other serior caregivers of relative children.			
Accountable Party/Lead: Gabriel Boyadjian			

2010/11 Update:

- The AAA continued to collaborate with caregiver providers to increase the number of caregivers serviced through the program. In addition to the quarterly caregiver provider meetings, a series of AAA Contractors Trainings have been initiated to address programmatic overview and enhancements.
- Conducted presentations to the Los Angeles
 County Commission for Older Adults
 (LACCOA). Currently working with the new
 LACCOA and other county departments to
 increase the knowledge of caregivers regarding
 the services and resources available to them
 by using various media and outreach
 campaigns and information provided by I&A
 staff when calls are received.
- The AAA continued to collaborate with the Los Angeles County Kinship Advocacy/Advisory Network (LA-KAAN) to educate grandparents / older relatives, who provide care to their grandchildren, about available resources and services to caregivers.

Rationale: The need for home and community based services and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

Objectives	Start/End Dates	Туре	Status
2.2 Care Management/In-Home Services	24.00	. , , , ,	Ctatac
a) Continue to develop and enhance Care Management training material with emphasis on outreaching to underserved populations within Los Angeles County.	07/01/09 to 06/30/12	IIIB/ Linkages	Continued
b) Conduct quarterly Care Management training with AAA contractors to stimulate outreach to clients who may be eligible for the services.	07/01/09 to 06/30/12	А	Continued
 c) Promote outreach to seniors in need of in-home services through the Home-Based Care/Linkages program in collaboration with providers. 	07/01/09 to 06/30/12	IIIB/ Linkages	Continued
Accountable party/Lead: Anna Avdalyan			

2010/11 Update:

- A training curriculum on Title IIIB Supportive Services Program was developed and presented to AAA contractors in October and November 2010. Emphasis was placed not only on Care Management (best case practices), but also on the need for contractors to focus on outreach to underserved population in Los Angeles County.
- AAA continued to conduct quarterly contractors meetings via webinar and face-to-face. In addition, monthly webinars have been added by the Departments' Research and Statistics section to keep contractors knowledgeable as to where they are in the delivery of services.
- AAA continued to promote outreach with providers.
 The Home-Based Care contract has been eliminated and incorporated into Title IIIB-Supportive Services Program contract which became effective 7/1/10. This has allowed for more efficient use of Title IIIB funds to support outreach. A separate Linkages contract (supported by LA County funds) has been developed and is currently in the RFP process. The new contract will be effective 7/1/11.

Rationale: The need for home and community based services and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

Objectives	Start/End Dates	Туре	Status
Objectives 2.3 Senior Employment Opportunities	Dales	Type	Giaius
a. Continue to collaborate with community organizations, public and private, and the Workforce Investment Board to expand community outreach and education for seniors to obtain employment or the needed training to become job ready.	07/01/09 to 06/30/12	Title V	Continued
b. Continue to promote the advantages of hiring older workers and foster employment opportunities for them.	07/01/09 to 06/30/12	Title V	Continued
Accountable Party/Lead: Trinka Petties			
 2010/11 Update: Staff continues to participate on the Workforce Investment Board and communities associated with addressing the employment needs of older workers. 			
Title V received ARRA funds which increased employment opportunities for seniors. The funds were used to allocate additional hours for participants and slots for senior employment.			
Extensive outreach has been increased to recruit potential new host agencies.			
Fliers have been distributed to areas in Los Angeles County to increase awareness of the program and the advantages of hiring older workers. Also, staff coordinated activities throughout the County for Employ Older Workers Week.			

Rationale: The need for home and community based services and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

	Start/End		
Objectives	Dates	Type	Status
2.4 Transportation			
 a) Work with a consultant to secure a Metro New Freedom Formula Grant in order to develop a detailed plan for improved transportation services for seniors and disabled adults. 	07/01/09 to 06/30/10	PD	Completed
 b) Collaborate with the Metropolitan Transit Authority to promote improved transportation services for seniors and disabled adults, particularly low-income and rural and/or isolated individuals. 	07/01/09 to 06/30/12	С	Continued
Accountable party/Lead: Roseann Donnelly /Alex McSweyn			
 2010/11 Update: Consultant completed detailed plan that identified transportation needs and gaps for frail elderly seniors and disabled adults in Los Angeles County. Completed grant application to Metropolitan Transit Authority and secured funds to provide a pilot transportation project for frail elderly seniors and the disabled in five (5) sectors of the County of Los Angeles. 			

Rationale: The need for home and community based services and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

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Objectives	Dates	Туре	Status
2.5 Housing			
 a) Educate CSS/AAA staff on what low-income housing programs are available for older and disabled adults, such as the Assisted Living Waiver Pilot Project being implemented by the Los Angeles County Housing Authority in the South Bay area. 	07/01/09 to 06/30/12	А	Continued
b) Support expansion of the program to other areas in Los Angeles County.	07/01/09 to	А	Continued
c) Collaborate with housing advocates of older adults, homeless veterans and disabled adults through continued participation on the Special	06/30/12	С	
Needs Housing Alliance Committee to ensure that the needs of this population are addressed.	to 06/30/12		Continued
Accountable party/Lead: Alex McSweyn			
 2010/11 Update: AAA staff has identified appropriate CSS/AAA services for Assisted Living Waiver Facilities 			
AAA continues to explore options to support expansion of the program to other areas in Los Angeles County			
AAA staff has secured commitments with the Community Development Commission to provide information on CSS/AAA services for Assisted living Wavier Facility representatives and adults participating in the program.			

Rationale: The need for home and community based services and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

	Start/End	T	Ctatus
Objectives	Dates	Туре	Status
2.6 Nutrition a) Continue to work with the AAA Advisory Council Nutrition Committee to monitor Nutrition sites and ensure that meals and sites meet all the standards established by federal regulations. 	07/01/09 to 06/30/12	А	Continued
b) Conduct quarterly Nutrition Provider meetings for training, networking and improving meals and services, particularly seeking ways to entice Baby Boomers to participate.	07/01/09 to 06/30/12	А	Continued
c) Continue to assist with the coordination of the annual awards ceremony for excellence of service by Nutrition Providers.	07/01/09 to 06/30/12	А	Continued
 Accountable Party/Lead: Susan Kennedy 2010/11 Update: AAA continued to partner with LACCOA to effectively monitor congregate sites as needed. The Nutrition Committee was instrumental in assisting AAA to evaluate sites that won the Distinguished Site Award for hospitality, ambiance and nutritious food. In 2010, 16 congregate sites won the Distinguished Site Award. 			
AAA Nutritionist continued to conduct quarterly Nutrition Provider meetings. AAA staff also conducted trainings focusing on Nutrition and performance reporting requirements.			
 AAA staff in collaboration with its service provider, CNS conducted the annual Silver Thermometer and Distinguished Site Award Ceremony in October 26, 2010. 			

Rationale: The need for home and community based services and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

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Objectives	Start/End Dates	Туре	Status
a) Expand Health Promotion and Disease Prevention activities through the Be Well Program to include fall prevention, mental health awareness, physical fitness, Nutrition education and other health related services.	07/01/09 to 06/30/12	IIID	Continued
 b) Expand ENHANCE services to include: Education sessions on health promotion, disease prevention and medication management to the Department of Public Social Services' In-Home Supportive Services' Social Workers. 	07/01/09 to 06/30/12	IIID	Continued
 Work with contracted agencies to ensure that medication management activities (i.e. medication screening and information on incorrect medication usage and adverse food/drug and drug/drug reactions) are conducted with seniors and disabled adults. 	07/01/09	A	Continued
 c) Continue to collaborate with the Los Angeles County Commission on Aging's Health and Long Term Care Workgroup on the resource directory containing available moderate to low cost dental services. 	to 06/30/12 07/01/09	A	
d) Work with community partners, such as the Health Insurance Counseling and Advocacy Program (HICAP) provider and legal provider to ensure that Medicare beneficiaries have access to current information or counseling regarding Medicare Part D and other legal services, if needed. Accountable Party/Lead: Susan Kennedy/Lan Ficht	to 06/30/12		Continued

2010/11 Update:

- AAA Be Well program continued to provide Health Promotion and Disease Prevention activities including fall prevention, mental health awareness, physical fitness, Nutrition education and other health related services. Be Well English/Spanish Intensive program extended to depression therapy by providing Cognitive Behavior Therapy (CBT). The program location has expanded to ten (10) senior centers.
- AAA continued to coordinate with Department of Public Social Services' In-Home Supportive Services' managers to develop a plan/agenda on providing education session on health promotion, disease prevention and medication management. A draft Medication Management brochures are being developed and will be completed in 2011.
- AAA's Food and Nutrition Management Services contractor continued to conduct medication management activities with community-based organizations, senior centers and contracted Elderly Nutrition Providers.
- AAA continued to work with Center for Health Care Rights, contractor for HICAP, Bet Tzedek, contractor for legal services to ensure that Medicare beneficiaries have access to current information regarding Medicare Part D and other legal services, as needed.

Rationale: The need for home and community based services and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

Objectives	Start/End Dates	Туре	Status
2.8 Mental Health Services Act (MHSA)			
a) Collaborate with the Department of Mental Health to assure that the needs of older adults are included in the planning and expenditure process of Proposition 63, MHSA funds for Prevention and Early Intervention (PEI).	07/01/09 to 06/30/12	С	Continued
b) Continue to participate in MHSA/PEI forums and workshops to support strategies that will address the needs of older and disabled adults.	07/01/09 to 06/30/12	С	Continued
Accountable party/Lead: Brenda Sapp-Pradia			
 In collaboration with the Department of Mental Health (DMH), CSS continued to participate in the PEI planning process and the Older Adults Committee, chaired by DMH; however, as a result of the cuts to the State's budget which will result in decreased funding for potential projects, options are being reexamined. Therefore, no RFS's/RFP's have been issued as a result. CSS staff continued to participate in MHSA/PEI conference calls to keep abreast of the project. 			

GOAL #3: Continue to coordinate and expand on the development of an integrated multi-disciplinary network of investigative/protective services for vulnerable seniors and adults with disabilities to prevent all forms of abuse and fraud.

Rationale: Elder and financial abuse are on the rise in Los Angeles. Fraud and scams are also on the rise. Often times these crimes are not reported because the elderly and disabled population is afraid or embarrassed to speak about these things because many times the crimes are committed by loved ones. In addition, this vulnerable population believes that if they report the incident, they will lose their independence by being placed in an institution.

The need for improved and expanded education, outreach and support is imperative for the victims of any fraud, scams and abuse that occur in nursing and long term care facilities.

Objectives	Start/End Dates	Туре	Status
3.1 Elder Abuse	Juico	. , po	Status
 a) Develop an elder abuse identification fact sheet for the general public and professionals in order to help in the identification, prevention and treatment of elder abuse, neglect and exploitation. 		PD	Completed
b) Collaborate with other partners to provide ten training sessions for professionals (service providers, nurses, social workers) on the identification, prevention and treatment of elder abuse, neglect and exploitation.	07/01/09 to 06/30/12	A	Continued
Accountable Party/Lead: Richard Franco/APS Managers			

2010/11 Update: • Adult Protective Services' (APS) Staff Development Section to commence distribution of New APS Fact Sheet developed for the general public and professionals. The fact sheet is target for release in February of 2011. In 2010, a concentrated effort was made by APS Staff Development to provide training to Hospital Staff who often deal with victims of elder and dependent adult abuse. All Hospitals in the County of Los Angeles were invited to attend training sessions on the Adult Protective Services Program and learn about the new APS/Hospital Mandated Reporting Protocols. A secondary objective of APS was to provide training for Senior Housing/ Independent Living Facilities. Nearly a dozen free training sessions were conducted for residents and staff alike. APS also continued providing the APS Open House for mandatory reporting agencies of elder and dependent adult abuse. Over 200 individuals participated in the two sessions that were conducted in 2010.

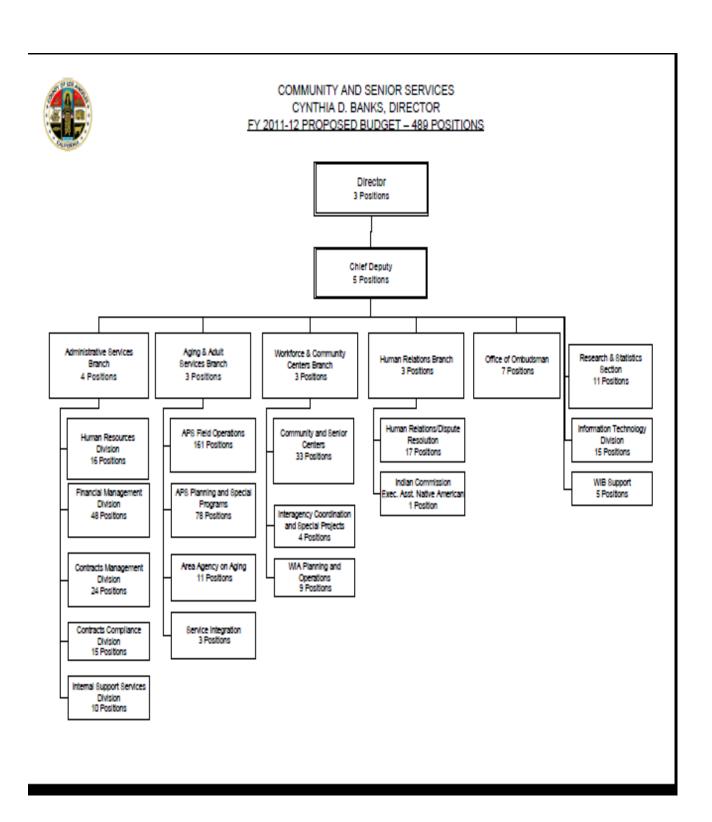
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Objectives	Start/End Dates	Туре	Status
3.2 OMBUDSMAN			
 a) Continue to collaborate with the OMBUDSMAN provider to monitor nursing facilities and long term care facilities to prevent all forms of abuse. 	07/01/09 to 06/30/12	А	Continued
 b) Collaborate with agency to increase volunteers and seek additional funding sources. 	07/01/09 to 06/30/12	А	Continued
Accountable party/Lead: Lan Ficht			
 2010/11 Update: AAA's contractor, WISE and Healthy Aging, continued to monitor nursing facilities and long term care facilities to prevent all forms of abuse. 			
 AAA continued to collaborate with WISE and Healthy Aging to seek additional funding sources as well as recruit more volunteers due to budget cuts. 			

SECTION 5 ORGANIZATION CHARTS



PUBLIC HEARINGS

SECTION 9: PUBLIC HEARINGS

PSA # 19

PUBLIC HEARINGS

Conducted for the 2009-2012 Planning Period

CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308; OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ¹ Yes or No	Was hearing held at a Long-Term Care Facility? ² Yes or No
2009-10					
2010-11					
2011-12	See Below				

Date	Location	Number Attending	Area Plan Presented with Translator	Hearing Held at Long-Term Care Facility
Thursday, January 20, 2011	Covina Joslyn Senior Center 815 N. Barranca Ave. Covina, CA 91723	26	Yes	No
Friday, January 21, 2011	East LA Community Service Center 133 N. Sunol Drive Los Angeles, CA 90063	27	Yes	No
Tuesday, January 25, 2011	Antelope Valley Senior Center 777 W. Jackman Street Lancaster, CA 93534	99	Yes	No
Tuesday, February 1, 2011	Friendship Auditorium 3201 Riverside Drive Los Angeles, CA 90027	21	Yes	No
Wednesday, February 2, 2011	Felicia Mahood Multipurpose Center 11338 Santa Monica Blvd. Los Angeles, CA 90025	34	Yes	No
Thursday, February 3, 2011	Wilmington Senior Center 1371 Eubank Avenue Wilmington, CA 90744	102	Yes	No
Tuesday, February 8, 2011	Santa Clarita Valley Senior Center 22900 Market St., Santa Clarita, CA 91321	38	Yes	No

² A translator is not required unless the AAA determines a significant number of attendees require translation services. 3 AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

Below items must be discussed at each planning cycle's Public Hearings

1. Discuss outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.

A notice of the Public Hearings was placed in newspapers throughout Los Angeles County and City. Flyers were sent to contract agencies, public libraries, Senior Centers and notification was sent to Board offices.

dis	Proposed expenditures for Program Development (PD) and Coordination (C) must be scussed at a public hearing. Did the AAA discuss PD and C activities at a public earing?
	☐ No, Explain:
3.	Summarize the comments received concerning proposed expenditures for PD and C, if applicable.
	AAA should do more collaboration with outside agencies and more outreach to promote their programs.
4.	Were all interested parties in the PSA notified of the public hearing and provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services?
	⊠Yes
	□No, Explain:
5.	Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services.
	None
6.	Summarize other major issues discussed or raised at the public hearings.
	See the Summaries of Public Comments below.
7.	List major changes in the Area Plan resulting from input by attendees at the hearings.
	None

2009 - 2012 AREA PLAN PUBLIC HEARINGS SUMMARY OF PUBLIC COMMENTS

<u>January 20, 2011 – Covina Joslyn Senior Center</u>

- Senior Centers: Is the County going to eliminate the exercise programs at the Senior Centers?
- Transportation: What is the status of the seamless transportation services for seniors and what are the priorities of these services.
- Senior Centers: It would be helpful to find out who funds your senior center, either the city you live in or the county. This would make it easier to advocate for extra funding for the programs in the senior center.
- Transportation: Dial-A-Ride is not customer friendly and is not considerate of the disabilities of the seniors. The vans are not safe for the seniors and some vans feel like they are not properly maintained. There are times when the driver can drop off the senior, but then tells the senior that they won't be able to pick them up.
- Transportation: The County needs a better coordination between the County and cities regarding transportation needs of the seniors. A seamless transportation plan would benefit the seniors. The County should state what are their priorities in regards to fulfilling the transportation needs?
- Transportation: How does a senior get more reliable information regarding public transportation? Sometimes there are seniors who are on wheelchairs who have to wait up to two hours to be picked up from their appointments.
- Adult Protective Services (APS): How does a senior follow-up after an APS case is closed and if the senior doesn't feel their concerns have been addressed? Who do they contact if they feel the social workers did not investigate the allegations properly?
- Transportation: Dial-A-Ride and Access are not considerate of the medical appointments and other issues that may affect the schedule of picking up and dropping off the seniors at their destinations, especially if the medical appointments run late.
- Adult Protective Services: What is the status of the Financial Abuse Specialist Team (FAST) in Los Angeles County?
- Housing: Are there any low-income housing available for seniors in the Covina area?

January 21, 2011 - East Los Angeles Community Service Center

- Transportation: What services are available for seniors to use so they can get to their doctor appointments and to the senior center?
- Adult Protective Services: Who can a senior go to if they know about a potential abuser? Do they have to go through the city or the county?
- Senior Services: Are the senior services being discussed available on incomebased criteria?
- Adult Protective Services: Do people have to go through the city first in order to pass out information regarding elder abuse? Can the brochures be picked up for distribution?
- Transportation: What can the senior center do if MTA changes several bus routes
 that affect the access to the senior center? The seniors can no longer easily get to
 the center. Perhaps contacting the Board of Supervisors and other elected officials
 to voice these concerns might be helpful.
- Title IIID: Are there any plans in the future for funding for exercise classes and socializing events to promote senior well-being to assist them to ensure their social and motor skills don't decline?
- Transportation: Is it possible for El Sol bus line to run more frequently through the senior center? Some of the bus lines only run about once an hour and it does not give the seniors a chance to eat right and join in the activities that the center provides.
- Senior Center: The senior center director should be offered training in doing outreach to seniors in the community that they serve.
- There is a lack of the baby boomer generation into senior services. Are there any 'inter-generational' services available?
- Transportation: How can the public be informed/updated on County MTA transportation programs?
- There is a lack of volunteerism from the baby boomer generation.

January 25, 2011 – Antelope Valley Senior Center

- Area Agency on Aging Services: Is there a live person answering the phone on all the numbers listed on the brochures?
- Senior Center: If there is security at the center, they should be located outside the center, not inside intimidating the seniors while they are eating their meals and enjoying the events.
- Employment: Are there employment services available for seniors that are not minimum wage?
- Housing: The senior housing brochures available are not ADA compliant for the visually impaired.
- Public Hearing: The material for the public hearing is not accessible to the visuallyimpaired.
- Nutrition: Is there any way that meals can be delivered to the Lake Los Angeles area?
- Communication: Better communication is needed between the seniors in Lake Los Angeles and the Antelope Valley Senior Center.
- Prescription Drugs: Are there any other sources to buy prescription drugs besides HMO and Medicare.
- Public Hearings: For future public hearings, it would be helpful if an invitation is sent to Greater Los Angeles Agency on Deafness (GLAD).
- Dental Services: In the brochure that shows the various dental services available to seniors, there are no listings in the Antelope Valley or northern part of Los Angeles County.
- Senior Center: Is there a certain minimum number of meals that must be served before it gets eliminated?
- Senior Center: Can someone come to Jackie Robinson Park and recruit more senior participation from the community. There is not enough senior attending the lunch program at this site.
- Senior Center: Several years ago, the Antelope Valley Senior Center was offered a computer center, and the center has done nothing about it. The room is no longer available and now the computers are outdated and must be removed. The seniors need a computer lab in the center.

January 25, 2011 – Antelope Valley Senior Center (Continued)

- Community Action League: Comment/announcement from a representative that if any of the senior's needs are not being met, they should contact the Community Action League for assistance.
- Senior Center: How long is the waiting list for the food give-away program?
- Senior Center: Is there a coalition of seniors that represent seniors on the board of the senior centers?
- Senior Center: Are there any planned cuts in services at the senior center?
- Senior Center: Are there any plans to open a senior center in Little Rock?
- Senior Center: There should be more communication between the county-funded senior center and the city-funded senior center.
- Elder Abuse: Despite a restraining order, someone is being abused by her neighbor at home and at the senior center.
- Senior Center: There should be more activities available to the seniors to exercise their mental awareness.
- Senior Center: Concern regarding the public using the restrooms in the center.
- Senior Center: Lake Los Angeles has begun construction on a multipurpose community center that will include space for seniors.
- Senior Center: The Antelope Valley Senior Center does not get enough recognition for the all the services it provides to the senior community.
- Nutrition: Announcement was made about a new food bank that just opened at the new Deliverance Church. The distribution is scheduled for every Thursday.
- Nutrition: A few years ago, a weekly bread program was a very popular program, what happened to it?
- Housing: Is there a law that requires an on-site manager for an apartment building that has more than 18 units?

February 01, 2011 - Friendship Auditorium

- Transportation: What will happen after the three year program when Metro ends?
 Will it be extended to other areas?
- Transportation: Are any of the senior services being discussed available to the residents of Burbank?
- CDBG: Will the state or city budget problems affect the CDBG program in the City of Los Angeles?
- Senior Center: The communication between the City Department of Aging and the Department of Parks and Recreation needs to be better in order to do better outreach to the seniors in the city.
- Alzheimer Day Care Center: Since the state has eliminated the funding for this program, how is the county going to fund it?
- Transportation: Is there a registration process to enlist in the services available to the seniors?
- Transportation: It is hard to find available disabled parking spaces in shopping centers and many that do have them are not disabled.
- Senior Services: It is hard to talk to a live person when calling certain numbers to find out about services.
- Transportation: There are too many obstacles in order to get quality service from Access and Dial-A-Ride in a timely manner. Sometimes they arrive too early where seniors may not be finished with their medical appointments.
- Family Caregiver Support Program: Is the program based on income or is it available to all seniors in the city?
- Senior Services: There should be a follow-up procedure after a referral has been done.
- Senior Centers: Los Angeles City Department of Aging should have an in-house, on the job training for directors at senior centers.
- Senior Centers: What intergenerational activities are available at the senior centers? Is it available to the city senior centers or the county senior centers or both?

February 2, 2011 - Felicia Mahood Multipurpose Center

- Senior Centers: Is there a plan to close the Felicia Mahood Center due to the budget crisis?
- Long-Term Care: What are the plans for the services to be provided to keep seniors safe at home and not at skilled-nursing homes which ultimately cost more to take care of those seniors?
- Adult Day Care: There are concerns that Adult Day Care Programs are being closed due to the new qualification process. What will happen to those seniors that need day care but due to budget cuts, will no longer be able to use those services?
- Family Caregiver Support Program: Funding for Family caregivers is bundled with other programs and some Adult Day Care Centers may not provide all those other program services which in turn makes them ineligible for those funds.
- Housing: Alternative housing for seniors is a major problem in Los Angeles that is getting harder to obtain. No one from the senior center has been ever referred to receive housing. Also, the waiting list is way too long.
- ENHANCE: Is the ENHANCE program available to the City of Los Angeles senior centers or is it just the County senior centers?
- Dental: Is there any assistance with dental services for low-income seniors?
- Alzheimer's disease: Urge for the funding for Alzheimer's Adult Day Care centers to continue despite the budget crisis that the State, County, and City face. The cost of keeping seniors in their home is beneficial to seniors and their families. It will cost the government more if seniors need to go into nursing homes.
- Emergency Preparedness: What is the ERS (Emergency Response System) for seniors?
- Senior Programs: Why do seniors with a \$40,000 yearly income qualify for ERS when there are more seniors that live way under poverty level?
- Senior Programs: Is there any consideration for projects where rich people or corporations donate funds to take care of the senior centers?
- Older Americans Act: Now is the time to contact your elected officials to voice your concerns regarding the reauthorization of the Older Americans Act.
- Senior Centers: Funding for the senior centers versus adult day care centers should be more evenly distributed.

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<u>February 2, 2011 – Felicia Mahood Multipurpose Center (Continued)</u>

- Public Hearing: There is a lack of publicity for these public hearings. Also, the center should do a better job of notifying the seniors.
- Transportation: A lot of seniors cannot attend the public hearings because the bus lines do not come to the center where the hearing is being held.
- Public Hearings: Suggestion to have the public hearings notifications published in the local newspapers.
- Transportation: The transportation services should be more reliable and be more considerate of the seniors.
- Transportation: The Los Angeles County Commission for Older Adults has a program named Seniors on the Move that shows the seniors how to use public transportation.
- Elder Abuse: Comment from Senior: There are cases of verbal abuse in the center, seniors have been pushed to the ground and nothing has been done. What can the seniors do to address this issue?
- Adult Day Care: The Adult Day Care programs have an essential role in the community.
- Senior Center: LAUSD had a program to teach seniors at senior centers. Due to budget cuts, the amount of teachers teaching at these centers has been reduced drastically and it is hurting the senior population.
- Senior Programs: Encourage all seniors to contact their elected officials to voice their concerns regarding the funding of senior programs.

February 03, 2011 - Wilmington Senior Center

- Senior Center: Is there a social worker available at the senior center on a full-time basis?
- Senior Services: Are there any plans for a comprehensive directory available to local churches and other senior groups in the community?
- Transportation: MTA should install machines in senior centers that will allow seniors to reload their TAP card in a convenient and safe location.
- Senior Center: There are not enough activities at the Rancho San Pedro center for the older adults. She is also grateful for all services that are currently available to the seniors.
- Adult Day Care: Concerned that the Adult Day Care Center will be closing and this
 will have a negative impact on seniors and their families in the community.
- Nutrition: Are the drivers for home delivered meals programs volunteers program or do they get paid?
- Nutrition: Thank you to all the volunteers who use their personal cars to deliver home-delivered meals to homebound seniors.
- Adult Day Care: How can more funding be acquired for Alzheimer's Adult Day Care centers?
- Adult Day Care: Are there any steps when programs to keep Alzheimer's Adult Day Care Center programs going?
- Transportation: Does the community work with the senior center to address the issues of transportation in the senior community?
- Transportation: There is a lot of public transportation available to the community (e.g. buses).
- Senior Services: There are a lot of services available to the senior community, but no reduction of property taxes for the seniors.
- Senior Services: Certain portions of local redevelopment funds go unused and maybe those funds can go to provide services at the senior centers.
- Adult Day Care Center: It would be shameful if the Adult Day Care Center where his mom attends is closed due to the budget crisis.
- Senior Centers: It is crucial to have open communication with the senior centers in the communities to be aware of the needs of the seniors

February 03, 2011 – Wilmington Senior Center (Continued)

- Census: It is crucial to fill out the census every ten years, that is how the community receives their funding, especially for senior programs.
- Senior Services: The office of Councilwoman Janice Hahn is well aware of the needs of the senior community, and is ready to work with the community to address these issues.
- Public Announcement: St. Mary's Hospital will be at the San Pedro Community Center providing free healthcare screening to seniors.

February 08, 2011 – Santa Clarita Valley Senior Center

- Senior Center: Comment from participant: Some volunteers and paid staff have been pushing some of the seniors at the Senior Center. The seniors who are white are being treated unfairly. The director of the Senior Center has been notified and nothing has been done. The office of Supervisor Antonovich has been notified and an Adult Protective Services Social Worker has been sent out. Several police reports have been filed and one pending.
- Senior Center: Comment from senior: A senior has been harassed by another senior since last May. She has documented all incidents and has notified the Senior Center of the physical attacks and nothing has been done. However, another senior commented that he has never seen any of the allegations of mistreatment towards the minorities in the senior center.
- Senior Programs: Most of the senior programs being cut are state funded. It would be beneficial to contact your elected officials and notify them of your concerns.
- Housing: Can something be done to make the waiting list to move faster than the current 5-7 year wait?
- Nutrition Program: The Las Palmas Park Nutrition Program has reduced the amount of meals being provided from 65 to 40. A complaint was filed with the city. The 25 meals that were cut were provided by the local city who cut funding due to budget.
- In-Home Supportive Services Program: Senior's mother who is 102 years old needs 24 hour care, but only receives 12 hour care. Is there a way to get her 24 hour care or be moved to a nursing home?
- Senior Center: Comment from a senior that she has enjoyed the senior center and has made many friends in the three years she has been attending the center. The center has been providing great services, events and activities and she has never seen any of the allegations of abuse, but asked to keep in mind that some seniors might have dementia and/or Alzheimer's disease and may not know what they are doing.
- Emergency Preparedness: The 5th district is a very distinct area, from dessert to mountains, beach to snow. How would we respond ,as a community, to the needs of the residents if a catastrophe strikes?
- Senior Center: There is a need for financial support for expanding the meal programs in the Antelope Valley. The Santa Clarita Valley Senior Center is also working on having an Emergency Response System.

SERVICE UNIT PLAN (SUP) OBJECTIVES

SECTION 12. SERVICE UNIT PLAN (SUP) OBJECTIVES GUIDELINES

PSA #<u>19</u>

TITLE III/VII SERVICE UNIT PLAN OBJECTIVES 2009–2012 Three-Year Planning Period CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. For services <u>not</u> defined in NAPIS, refer to Division 4000 of the Management Information Systems (MIS) Manual. Report units of service to be provided with **ALL funding sources**.

Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b). This SUP does **not** include Title III E services.

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	19,825	1, 2	1.1, 1.2, 2.2
2010-2011	21,656	1, 2	1.1, 1.2, 2.2
2011-2012	16,877	1, 2	1.1, 1.2, 2.2

2. Homemaker

Unit of Service = 1 hour

	Proposed		
Fiscal Year	Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	26,558	1, 2	1.1, 1.2, 2.2
2010-2011	27,025	1, 2	1.1, 1.2, 2.2
2010 2011	21,020	., _	,,
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2011-2012	33,883	1, 2	1.1, 1.2, 2.2

3. Chore

Unit of Service = 1 hour

	Proposed		
Fiscal Year	Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

4. Adult Day Care/Adult Day Health

Unit of Service = 1 hour

	.,		
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

5. Case Management

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	30,784	1, 2	1.1, 1.2, 2.2
2010-2011	34,945	1, 2	1.1, 1.2, 2.2
2011-2012	34,945	1.2	1.1, 1.2, 2.2

6. Congregate Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	1,304,791	1, 2	1.2, 2.6
2010-2011	1,304,791	1, 2	1.2, 2.6
2011-2012	1,304,791	1, 2	1.2, 2.6

7. Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	818,387	1, 2	1.2, 2.6
2010-2011	818,387	1, 2	1.2, 2.6
2011-2012	818,387	1, 2	1.2, 2.6

8. Nutrition Education

Unit of Service	– 1 sassion	ner nartic	inant
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Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	48,561	1, 2	1.2, 2.6, 2.7
2010-2011	44,738	1, 2	1.2, 2.6, 2.7
2011-2012	50,000	1, 2	1.2, 2.6, 2.7

9. Nutrition Counseling

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

10. Assisted Transportation

Unit of Service = 1 one-way trip

	Proposed		
Fiscal Year	Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010			
2010-2011			
2011-2012			

11. Transportation

Unit of Service = 1 one-way trip

	Proposed	_	
Fiscal Year	Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

12. Legal Assistance

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Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	5,676	1, 2	1.1,1.2, 2.7
2010-2011	5,814	1, 2	1.1,1.2, 2.7
2011-2012	7,060	1, 2	1.1,1.2, 2.7

13. Information and Assistance

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	9,731	1	1.1, 1.2
2010-2011	10,023	1	1.1, 1.2
2011-2012	10,000	1	1.1, 1.2

14. Outreach

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	5,374	1, 2	2.2
2010-2011	5,535	1, 2	2.2
2011-2012	5,500	1, 2	2.2

NAPIS Service Category 15 – "Other" Title III Services

- In this section, identify <u>Title III D</u> services (required); and also identify all <u>Title III B</u> services (discretionary) to be funded that were <u>not</u> reported in NAPIS categories 1–14 above. (Identify the specific activity under the Service Category on the "Units of Service" line when applicable)
- Specify what activity constitutes a unit of service (1 hour, 1 session, 1 contact, etc.).
 (Reference Division 4000 of the MIS Operations Manual, January 1994)
- Each <u>Title III B</u> "Other" service must be an approved NAPIS Program 15 service listed on the "Schedule of Supportive Services (III B)" page of the Area Plan Budget (CDA 122). [Title III B Example: <u>Service Category</u>: Community Services/Senior Center Support.

Units of Service: 1 hour – Activity Scheduling]

Title III D, Disease Prevention/Health Promotion

- Service Activity: Identify the Title III D specific allowable service activity provided.
 (i.e.: Physical Fitness, Counseling Advocacy, Community Education, Health
 Screening, Outreach, Therapy, Information, Comprehensive Assessment, Home
 Security, Equipment, Family Support, Nutrition Education, Nutrition Counseling,
 Nutrition Screening).
- Units of Service: Specify what constitutes a unit of service (i.e.: one participant, one client served, one hour, one presentation, one piece of equipment, one session, one client counseled.

 (Reference Division 4000 of the MIS Operations Manual, January 1994)
- Insert the number of proposed units of service in the Disease Prevention/Health Promotion and Medication Management tables in the Title III D Service Unit Plan Objectives.
- Title III D and Medication Management requires a narrative program goal and objective. The objective should clearly explain the activity that is being provided to fulfill the service unit requirement.
- **Title III D and Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

Title III D, Disease Prevention/Health Promotion

Service Activity: Support Groups/Physical Fitness/Nutrition Counseling/Nutrition Education Units of Service = 1 Session

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	3,537	2	2.7
2010-2011	3,500	2	2.7
2011-2012	3,500	2	2.7

Title III D, Medication Management ³

⁶ Refer to Program Memo 01-03

Service Activity: Medication Management Review

Units of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	2,264	2	2.7
2010-2011	2,264	2	2.7
2011-2012	6,000	2	2.7

Title III B, Other Supportive Services ⁴

Service Category: Telephone Reassurance

Units of Service and Activity = 1 Hour

	Proposed		
Fiscal Year	Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	61,308	2	2.6
2010-2011	61,308	2	2.6
2011-2012	61,308	2	2.6

Service Category: Alzheimer's Day Care

Units of Service and Activity Day of Attendance

		,,	
	Proposed		
Fiscal Year	Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	5,816	1,2	1.1, 2.2
2010-2011	16,857	1,2	1.1, 2.2
2011-2012	16,857	1,2	1.1, 2.2

Service Category: In-Home Respite

Units of Service and Activity = 1 Hour

Figure Voor	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
Fiscal Year	Office of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	3,992	2	2.2
2010-2011	3,692	2	2.2
2011-2012	3,692	2	2.2

Service Category: In-Home Services Registry

Units of Service and Activity = 1 Hour

	Proposed		
Fiscal Year	Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	16,986	2	2.2
2010-2011	7,270	2	2.2
2011-2012	9,200	2	2.2

⁷ Other Supportive Services: Visiting (In-Home) now includes Telephoning (See Area Plan Budget).

Service Category: Community Services/Senior Center Support-Senior Center Staffing

Units of Service and Activity = 1 Hour

	Proposed		
Fiscal Year	Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	42,640	1	1.1, 1.2
2010-2011	42,640	1	1.1, 1.2
2011-2012	42,640	1	1.1, 1.2

TITLE IIIB and Title VIIA: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES PSA #19 2009-2012 Three-Year Planning Period

As mandated by the Older Americans Act, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of enhancing the quality of life and care of residents.

Baseline numbers are obtained from the local LTC Ombudsman Program's FY 2006-2007 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline as the benchmark for determining FY 2009-2010 targets. For each subsequent FY target, use the previous FY target as the benchmark to determine realistic targets and percentage of change given current resources available. Refer to your local LTC Ombudsman Program's last three years of NORS data for historical trends and take into account current resources available to the program. Targets should be reasonable and attainable.

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [OAA Section 712(a)(3)(5)]

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I-E, Actions on Complaints) The average California complaint resolution rate for FY 2006-2007 was 73%.

- 1. FY 2006-2007 Baseline Resolution Rate: <u>79%</u>
 Number of complaints resolved <u>7,103</u> + Number of partially resolved complaints <u>1,517</u>
 divided by the Total Number of Complaints Received <u>10,876</u> = Baseline Resolution Rate <u>79</u> %
- 2. FY 2009-2010 Target: Resolution Rate 75 %
- 3. FY 2010-2011 Target: Resolution Rate <u>75 %</u>
- 4. FY 2011-2012 Target: Resolution Rate 70%

Program Goals and Objective Numbers: Goal 3. Objectives 3.2

B. Work with Resident Councils (AoA Report, Part III-D, #8)
FY 2006-2007 Baseline: 872 number of meetings attended
2. FY 2009-2010 Target: number <u>248</u> and % increase or % decrease <u>72%</u>
3. FY 2010-2011 Target: number <u>200</u> and % increase <u>0</u> or % decrease <u>19.5%</u>
4. FY 2011-2012 Target: number <u>200</u> and % increase <u>0</u> or % decrease <u>0</u>
Program Goals and Objective Numbers: Goal 3. Objectives 3.2
C. Work with Family Councils (AoA Report, Part III-D, #9)
FY 2006-2007 Baseline: number of meetings attended <u>25</u>
2. FY 2009-2010 Target: number 10 and % increase or % decrease 60%
3. FY 2010-2011 Target: number 10 and % increase 0 or % decrease 0
4. FY 2011-2012 Target: number 5 and % increase 0 or % decrease 50%
Program Goals and Objective Numbers: Goal 3. Objectives 3.2
D. Consultation to Facilities (AoA Report, Part III-D, #4)
1. FY 2006-2007 Baseline: number of consultations 435
2. FY 2009-2010 Target: number_261 and % increase or % decrease 40%
3. FY 2010-2011 Target: number <u>261</u> and % increase or % decrease <u>0</u>
4. FY 2011-2012 Target: number <u>261</u> and % increase or % decrease0
Program Goals and Objective Numbers: Goal 3. Objectives 3.2

E. Information and Consultation to Individuals (AoA Report, Part III-D, #5)						
1. FY 2006-2007 Baseline: number of consultations 1,818						
2. FY 2009-2010 Target: number <u>1,090</u> and % increase or % decrease <u>40%</u>						
3. FY 2010-2011 Target: number <u>872</u> and % increase or % decrease <u>20%</u>						
4. FY 2011-2012 Target: number 611 and % increase or % decrease 30%						
Program Goals and Objective Numbers: Goal 3. Objectives 3.2						
F. Community Education (AoA Report, Part III-D, #10)						
1. FY 2006-2007 Baseline: number of sessions 5						
2. FY 2009-2010 Target: number 5 of sessions and % increase 0 or % decrease						
3. FY 2010-2011 Target: number 5 of sessions and % increase 0 or % decrease						
4. FY 2011-2012 Target: number <u>5</u> of sessions and % increase <u>0</u> or % decrease						
Program Goals and Objective Numbers: Goal 3. Objectives 3.2						
G. Systems Advocacy						
 FY 2010-2011 Activity: In narrative form, please provide at least one systemic advocacy effort that the local LTC Ombudsman Program will engage in during the fiscal year. 						
(Examples: Work with LTC facilities to improve pain relief, increase access to oral health care, work with law enforcement to improve response and investigation of abuse complaints, collaborate with other agencies to improve quality of care and quality of life, participate in disaster preparedness planning, conduct presentations to legislators and local officials regarding quality of care issues, etc.)						

Systemic Advocacy Effort(s)
Presentations to legislators and local officials regarding issues impacting residents who reside in long-term care facilities.

Enter information in the box on the next page.

Outcome 2. Residents have regular access to an Ombudsman. [(OAA

Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III-D, #6) Number of Nursing Facilities visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).				
1. FY 2006-2007 Baseline: <u>93</u> %				
Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>268</u> divided by the number of Nursing Facilities <u>248</u> .				
2. FY 2009-2010 Target: <u>268</u> : % increase or % decrease				
3. FY 2010-2011 Target: <u>268</u> % increase <u>0</u> or % decrease <u>0</u>				
4. FY 2011-2012 Target: <u>268</u> % increase or % decrease				
Program Goals and Objective Numbers: Goal 3. Objectives 3.2				
B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6) Number Board and Care Facilities (RCFEs) visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).				
1. FY 2006-2007 Baseline: <u>78</u> %				
Number of RCFEs visited at least once a quarter not in response to a complaint 606 divided by the number of RCFEs 776.				
2. FY 2009-2010 Target: 606 % increase or % decrease				
3. FY 2010-2011 Target: <u>424</u> % increase or % decrease <u>30 %</u>				
4. FY 2011-2012 Target: : <u>424</u> % increase or % decrease				
Program Goals and Objective Numbers: Goal 3. Objectives 3.2				

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers)

(One FTE generally equates to 40 hours per week or 1,760 hours per year) Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2006-2007 Baseline: FTEs <u>31</u>					
FY 2009-2010 Target: number of FTEs <u>10</u> and % increase or % decrease <u>68%</u>					
3. FY 2010-2011 Target: number of FTEs <u>8</u> and % increase or % decrease <u>20%</u>					
4. FY 2011-2012 Target: number of FTEs 7 and % increase or % decrease 14%					
Program Goals and Objective Numbers: Goal 3. Objectives 3.2					
D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. – Staff and Volunteers) Verify numbers of volunteers with Ombudsman Program Coordinator.					
FY 2006-2007 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2007 108					
2. FY 2009-2010 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2010 80 and % increase or % decrease 26%					
3. FY 2010-2011 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2011 <u>65</u> and % increase <u>or</u> or % decrease <u>20%</u>					
FY 2011-2012 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2012 65 and % increase or % decrease					
Program Goals and Objective Numbers: Goal 3. Objectives 3.2					

Outcome 3. Ombudsman representatives report their complaint processing and other activities accurately and consistently. [OAA Section 712(c)]

Measures and Targets:

A. Each Ombudsman Program provides regular training on the National Ombudsman Reporting System (NORS).

FY 2006-2007 Baseline number of NORS Part I, II, III or IV training sessions completed 10 Please obtain this information from the local LTC Ombudsman Program Coordinator.
2. FY 2009-2010 Target: number of NORS Part I, II, III or IV training sessions planned
3. FY 2010-2011 Target: number of NORS Part I, II, III or IV training sessions planned
4. FY 2011-2012 Target: number of NORS Part I, II, III or IV training sessions planned
Program Goals and Objective Numbers: Goal 3. Objectives 3.2

TITLE VIIB ELDER ABUSE PREVENTION

SERVICE UNIT PLAN OBJECTIVES

PSA #19

2009–2012 Three-Year Planning Period

Units of Service: AAA must complete at least one category from the Units of Service below.

A Unit of Service may include public education sessions, training sessions for professionals, training sessions for caregivers served by Title III E Program, educational materials developed, educational materials distributed or other hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

AAAs must provide one or more of the service categories below:

- **Public Education Sessions** Please identify the total number of education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- Training Sessions for Professionals Please identify the total number of training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- Training Sessions for Caregivers Served by Title III E Please identify the total number of Title VII/B training sessions for caregivers who are receiving services under Title III E of the Older Americans Act on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- Hours Spent Developing a Coordinated System to Respond to Elder Abuse –
 Please identify the number of hours to be spent developing a coordinated system to
 respond to elder abuse.
- **Educational Products Developed** Please identify the type and number of educational products (brochures, curriculum, DVDs, etc.) developed by the AAA to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- Educational Materials Distributed Please identify the type and number of educational materials distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

PSA #<u>19</u>

2009–2012 Three-Year Planning Period

Fiscal Year	Total # of Public
	Education Sessions
2009-10	24
2010-11	30
2011-12	40

Fiscal Year	Total # of Training		
	Sessions for Professionals		
2009-10	10		
2010-11	20		
2011-12	10		

Fiscal Year	Total # of Training
	Sessions for
	Caregivers served by
	Title III E
2009-10	
2010-11	
2011-12	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2009-10	
2010-11	
2011-12	

Fiscal Year	Total # of Copies of Educational Materials or Products to be Distributed	Description of Educational Materials or Products	
2009-2010	1,000	Elder Abuse Resource Guide-Consumer & Professional Guide	
	300	Seniors Against Investment Fraud Booklets	
	800	Elder Abuse Awareness Posters	
	1,000	Elder Abuse Awareness Stickers	
2010-2011	2942	Guide for the Mandated Reporter	
	13,839	Elder Abuse is a Crime	
2011-2012	15,000	Elder Abuse is a Crime	
	3,000	Guide for the Mandated Reporter	

TITLE III E SERVICE UNIT PLAN OBJECTIVES

PSA # 19

2009–2012 Three-Year Planning Period CCR Article 3, Section 7300(d)

This Service Unit Plan (SUP) utilizes the five broad federal service categories defined in PM 08-03. Refer to the FCSP Service Matrix in this PM for eligible activities and service unit examples covered within each category. Specify proposed audience size or units of service for <u>ALL</u> budgeted funds.

For Direct Services

CATEGORIES	1	2	3
Direct III E	Proposed	Required	Optional
Family Caregiver Services	Units of Service	Goal #(s)	Objective #(s)
Information Services	# of activities and		(1)
	Total est. audience for above		
	# of activities: 65		
2009-2010	Total est. audience for above:	1, 2	1.1, 1.2, 2.1
	6,500		
	# of activities: 65	4.0	444004
2010-2011	Total est. audience for above: 6,500	1, 2	1.1, 1.2, 2.1
	# of activities: 65		
2011-2012	Total est. audience for above:	1, 2	1.1, 1.2, 2.1
2011-2012	6,500	., _	,,
Access Assistance	Total contacts		
2009-2010	3,754	1, 2	1.1, 1.2, 2.1
2010-2011	6,200	1, 2	1.1, 1.2, 2.1
2011-2012	6,000	1, 2	1.1, 1.2, 2.1
Support Services	Total hours		
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		
Respite Care	Total hours		
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		
Supplemental Services	Total occurrences		
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		
Direct III E	Proposed	Required	Optional
Grandparent Services	Units of Service	Goal #(s)	Objective #(s)
Information Services	# of activities and		
	Total est. audience for above		
2009-2010	# of activities: 6	40	444004
2010 2011	Total est. audience for above: 650 # of activities: 6	1, 2	1.1, 1.2, 2.1
2010-2011	Total est. audience for above: 650	1, 2	1.1, 1.2, 2.1
	# of activities: 6	1, 4	1.1, 1.2, 2.1
2011-2012	Total est. audience for above: 650	1, 2	1.1, 1.2, 2.1
2011 2012		- , –	,,

Access Assistance	Total contacts		
2009-2010	375	1, 2	1.1, 1.2, 2.1
2010-2011	620	1, 2	1.1, 1.2, 2.1
2011-2012	500	1, 2	1.1, 1.2, 2.1
Support Services	Total hours		
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		
Respite Care	Total hours		
2009-2010			
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		

For Contracted Services

Tor Contracted Cervices					
Contracted III E	Proposed	Required	Optional		
Family Caregiver Services	Units of Service	Goal #(s)	Objective #(s)		
Information Services	# of activities and total est.				
	audience for above:				
2009-2010	# of activities: 375				
	Total est. audience for above:	1, 2	1.1, 1.2, 2.1		
2010 2011	4,500				
2010-2011	# of activities: 1100	4.0	4.4.0.04		
	Total est. audience for above:	1, 2	1.1, 1.2, 2.1		
2011-2012	55,000 # of activities: 1,100				
2011-2012	Total est. audience for above:	1, 2	1.1, 1.2, 2.1		
	110,000	1, 2	1.1, 1.2, 2.1		
Access Assistance	Total contacts				
2009-2010					
2010-2011					
2011-2012					
Support Services	Total hours				
2009-2010	8,600	1, 2	1.1, 1.2, 2.1		
2010-2011	12,000	1, 2	1.1, 1.2, 2.1		
2011-2012	14,850	1, 2	1.1, 1.2, 2.1		
Respite Care	Total hours				
2009-2010	23,000	1, 2	1.1, 1.2, 2.1		
2010-2011	20,600	1, 2	1.1, 1.2, 2.1		
2011-2012	21,300	1, 2	1.1, 1.2, 2.1		
Supplemental Services	Total occurrences				
2009-2010	3,675	1, 2	1.1, 1.2, 2.1		
2010-2011	3,100	1, 2	1.1, 1.2, 2.1		
2011-2012	4,950	1, 2	1.1, 1.2, 2.1		

Contracted III E	Proposed	Required	Optional
Grandparent Services	Units of Service	Goal #(s)	Objective #(s)
Information Services	# of activities and Total est.		•
	audience for above		
2009-2010	# of activities: 25	1, 2	1.1, 1.2, 2.1
	Total est. audience for above:		
	500		
2010-2011	# of activities: 115	1, 2	1.1, 1.2, 2.1
	Total est. audience for above:		
2011-2012	5,750 # of activities: 111	1, 2	1.1, 1.2, 2.1
2011-2012	Total est. audience for above:	1, 2	1.1, 1.2, 2.1
	11,100		
Access Assistance	Total contacts		
2009-2010			
2010-2011			
2011-2012			
Support Services	Total hours		
2009-2010	1,040	1, 2	1.1, 1.2, 2.1
2010-2011	1,200	1, 2	1.1, 1.2, 2.1
2011-2012	1,485	1, 2	1.1, 1.2, 2.1
Respite Care	Total hours		
2009-2010	4,900	1, 2	1.1, 1.2, 2.1
2010-2011	2,400	1, 2	1.1, 1.2, 2.1
2011-2012	1,100	1, 2	1.1, 1.2, 2.1
Supplemental Services	Total occurrences		
2009-2010	485	1, 2	1.1, 1.2, 2.1
2010-2011	500	1, 2	1.1, 1.2, 2.1
2011-2012	30	1, 2	1.1, 1.2, 2.1

TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES 2009–2012 Three-Year Planning Period CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) utilizes the new Data Collection System developed by the U.S. Department of Labor (DOL), which captures the new performance measures per the Older Americans Act of 1965 as amended in 2000, and the Federal Register 20 CFR Part 641. The related funding is reported in the annual Title V/SCSEP Budget.

Note: Before the beginning of each federal Program Year, DOL negotiates with the California Department of Aging to set the baseline levels of performance for California. Once determined, those baseline levels will be transmitted to the AAA.

Fiscal Year (FY)	CDA Authorized Slots	National Grantee Authorized Slots (If applicable)	Objective Numbers (If applicable)
2009-2010	266		2.3
2010-2011	267		2.3
2011-2012	277		2.3

 $^{^{5}}$ If not providing Title V, enter PSA number followed by "Not providing".

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM SERVICE UNIT PLAN

PSA # 19

2009-2012 Three-Year Planning Period CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses definitions found at:

www.aging.ca.gov/aaa/reporting instructions/hicap/Current Forms.asp. This link takes you to the page titled "Health Insurance Counseling and Advocacy Program (HICAP) Reporting Instructions and Forms". On this page you will find the current HICAP report forms, instructions, definitions, and acronyms critical to answering this SUP. If you have related goals in the Area Plan to Service Unit Plan, please list them in the 3rd column.

IMPORTANT NOTE FOR MULTIPLE PSA HICAPs: If you are a part of a <u>multiple PSA HICAP</u> where two or more AAAs enter into agreement with one "Managing AAA," then each AAA must enter its equitable share of the estimated performance numbers in each AAA's respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

IMPORTANT NOTE FOR HICAPS WITH HICAP PAID LEGAL SERVICES: If your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services, you must complete Section 2.

IMPORTANT NOTE REGARDING FEDERAL PERFORMANCE TARGETS: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance and Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAA's complete Section 2, CDA will annually provide AAAs with individual PSA federal performance measure targets.

Section 1: Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2009-2010		
2010-2011	5,615	2
2011-2012	5,615	2

Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2009-2010		
2010-2011	189	2
2011-2012	189	2

Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	* 2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2009-2010		
2010-2011	22,062	2
2011-2012	22,062	2

Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.

Fiscal Year (FY)	* 2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2009-2010		
2010-2011	11,636	2
2011-2012	11,636	2

Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.

Fiscal Year (FY)	2.3 Estimated Number of Beneficiaries with Medicare Status Due to a Disability Contacts	Goal Numbers
2009-2010		
2010-2011	1,374	2
2011-2012	1,374	2

Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) duplicated client counts with Medicare beneficiaries due to disability and not yet age 65.

Fiscal Year (FY)	2.4 Estimated Number of Low Income Beneficiaries Unduplicated	Goal Numbers
2009-2010		
2010-2011	3,705	2
2011-2012	3,705	2

Note: This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).

Fiscal Year (FY)	2.5 Estimated Number of Enrollment and Enrollment Assistance Contacts	Goal Numbers
2009-2010		
2010-2011	4,786	2
2011-2012	4,786	2

Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes <u>all</u> enrollment assistance, not just Part D.

Fiscal Year (FY)	2.6 Estimated Part D Enrollment and Enrollment Assistance Contacts	Goal Numbers
2009-2010		
2010-2011	976	2
2011-2012	976	2

Note: This is a subset of all enrollment assistance in 2.5. It includes the number of unduplicated Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA	Goal Numbers
2009-2010		
2010-2011	5.12	2
2011-2012	5.12	2

Note: This is the total number of counselor FTEs (i.e. the total number of active counselors; paid, in-kind paid and volunteer working 2000 hours per year).

Section 3: HICAP Legal Services Units of Service (if applicable)⁶

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2009-2010	240	2
2010-2011	300	2
2011-2012	300	2
State Fiscal	3.1 Estimated Number	Goal Numbers
Year	of Legal	
(SFY)	Representation Hours	
	Per SFY	
	(Unit of Service)	
2009-2010	500	2
2010-2011	500	2
2011-2012	500	2
State Fiscal	3.3 Estimated Number	Goal Numbers
Year (SFY)	of Program	
	Consultation Hours	
	per SFY	
	(Unit of Service)	
2009-2010	300	2
2010-2011	300	2
2011-2012	300	2

Requires a contract for using HICAP funds to pay for Indicates Changes from previous year.

APPENDIX IV - PSA #19

Check each applicable planning cycle: ☐FY2010-11 ☐FY 2011-12

45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)				
Total Council Membership (include vacanc Number of Council Members over age 60	ies) <u>50</u>			
	% of PSA's 60+Population	% on Advisory Council		
Race/Ethnic Composition White Hispanic Black Asian/Pacific Islander Native American/Alaskan Native Other	55.9 22.1 10.2 9.9 0.5	35.6 16.7 26.2 14.3 2.4 4.8		
Attach a copy of the current advisory council membership roster that includes:				
 Names/Titles of officers and date term expires 				
 Names/Titles of other Advisory Council members and date term expires 				

Indicate which member(s) represent each of the "Other Representation" categories listed below.

	165	INO
Low Income Representative	\boxtimes	
Disabled Representative	\boxtimes	
Supportive Services Provider Representative	\boxtimes	
Health Care Provider Representative	\boxtimes	
Local Elected Officials		\boxtimes
Individuals with Leadership Experience in		
the Private and Voluntary Sectors	\boxtimes	

• Explain any "No" answer_CSS worked with our governing body, the Board of Supervisors, to merge our two senior advisory bodies, Los Angeles County Commission on Aging (LACCOA) and Advisory Council. Board motion was approved on June 22, 2009 to consolidate the AAA Advisory Council and Los Angeles County Commission on Aging into the Los Angeles Commission for Older Adults (LACCOA). The new Commission became effective July 1, 2010 and provides a stronger, more cohesive voice to address the concerns of older adults and advocate on their behalf. Also, the Commission has several committees that are focused on increasing awareness of AAA services for the disabled and older adults.

LOS ANGELES COUNTY COMMISSION FOR OLDER ADULTS

	Commissioner	Term Expiration
1	Ambrose, Natalie	6/30/2014
2	Amiri, Aziz	6/30/2014
3	Bhalla, Krishan	6/30/2015
4	Brownn, Eleanor	6/30/2015
5	Calderon, Frank P.	6/30/2016
6	Cruz, Mary Helen	6/30/2015
7	Duran, Gloria	6/30/2015
8	Fegan-Perry, Mattye	6/30/2015
9	Fingold, Sol	6/30/2014
10	Flores, Ralph	6/30/2016
11	Frazier, Nneenah	6/30/2016
12	Fried, Marilyn	6/30/2015
13	Getzoff, Peter	6/30/2015
14	Givens, William	6/30/2014
15	Griffith, Irene	6/30/2016
16	Ha, William	6/30/2016
17	Hall, Raymond	6/30/2015
18	Harrison, Hedy	6/30/2016
19	Hutcherson, Zelda	6/30/2015
20	Igar, Oleeta	6/30/2014
21	Jackson, William	6/30/2014
22	Kim, Jung	6/30/2014
23	Langley, Bianca	6/30/2016
24	McGrath, Peter J. (2 nd Vice President)	6/30/2014
25	McNamee, Lonnie	6/30/2014
26	Meltzer, Barbara	6/30/2016
27	Okamoto, Arlene	6/30/2014
28	Park, Samuel	6/30/2016
29	Polk, James	6/30/2014
30	Riddick, Nathaniel J.	6/30/2015
31	Rosenberg, Julia	6/30/2016
32	Rotter, Theresa	6/30/2014
33	Schachter, Marvin	6/30/2016
34	Siegrist, David (Secretary)	6/30/2014
35	Sinclair, Barbara (Fiscal Officer)	6/30/2015
36	Skovgard, Cindy	6/30/2015
37	Theus, Lavada	6/30/2014
38	Villalobos, Aida M. (1 st Vice President)	6/30/2015
39	Weiner, Maurice	6/30/2015
40	Weintraub, Bernard S. (President)	6/30/2016
41	Wilson, Elizabeth	6/30/2016
42	Wong, Liz	6/30/2016
43	Zapata, Vicente	6/30/2016